United Nations A/59/86–E/2004/69

General Assembly
Economic and Social Council

Distr.: General
20 May 2004

Original: English

General Assembly
Fifty-ninth session
Item 40 (b) of the preliminary list*
Strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance: special economic assistance to individual countries or regions

Economic and Social Council
Substantive session of 2004
Item 5 of the provisional agenda**
Special economic, humanitarian and disaster relief assistance

Assistance to Mozambique

Report of the Secretary-General***

Summary

The present report has been prepared pursuant to General Assembly resolution 55/167 of 14 December 2000, in which the Assembly requested the Secretary-General to report to it on the strengthening of the coordination of humanitarian and disaster relief assistance of the United Nations, including special economic assistance, in support of the efforts of the Government of Mozambique. The present report describes follow-up initiatives undertaken in response to the drought, preparation for and response to the 2002 and 2003 drought, the spread of the HIV pandemic and other United Nations assistance initiatives in support of the Government of Mozambique.

* A/59/50 and Corr.1.
** E/2004/100.
*** The submission of the present report was delayed to allow sufficient time for the clearing departments to review and approve it.

04-35867 (E) 210604

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I. Background

A. Profile of Mozambique

1. Mozambique is the sixth poorest country in the world, ranking 170 out of the 175 countries listed in the *Human Development Report*,[1] with 69.4 per cent of its population living below the poverty line, estimated at $0.40 United States dollars per day.

2. Adding to the vulnerability of the country, Mozambique is prone to a wide range of natural disasters that regularly cause major damage and set back economic growth. Cyclones and flooding have demonstrated a relatively well defined pattern with regard to their timing and geographic location, mostly occurring between the months of October and April. The main areas of incidence are along the coastline of Mozambique, although inland areas have also been severely affected. Systematic meteorological records show that flooding also usually occurs during the period of October to April. Flooding has mainly affected the river valleys, low lying areas and places where drainage systems have either failed or do not exist.

3. Although some of the risks are seasonal, any sudden disaster or emergency, however small, has the potential for great impact. Any disaster takes place against a backdrop of increased vulnerability, owing to the devastating floods of 2000 and 2001, two consecutive years of drought and the high prevalence of HIV/AIDS.

4. HIV/AIDS continues to be closely connected with food insecurity. The overwhelming majority of people infected with HIV/AIDS are between the ages of 15 and 49, the most productive years. The number of children orphaned by HIV/AIDS is on the rise, as is the number of households headed by the chronically ill.

5. The compounding effects of HIV/AIDS and repeated natural disasters, including the current drought, have significantly increased the vulnerability of an already impoverished population. HIV/AIDS constitutes a threat to sustainable agriculture and rural development. The epidemic is undoing decades of economic and social development and causing rural disintegration. The Food and Agriculture Organization of the United Nations (FAO) has estimated that by 2020, 20 per cent of the agricultural labour force will be lost to HIV/AIDS. Without an aggressive response, life expectancy is projected to drop from 50.3 to 36 years by 2010.

B. National Institute for Disaster Management

6. The Government of Mozambique is responsible for disaster prevention, mitigation, preparedness, response and recovery and is the ultimate coordinator of all actions for the emergency response. The Government's contingency plan for natural disasters is the basis for the emergency preparedness system.

7. The National Disaster Management Institute, which is responsible for contingency planning and coordination of emergency response at the technical level, operates from its headquarters in Maputo, coordinating the provincial delegations. During the preparation of the contingency plan, the National Institute convenes technical multi-partner meetings and regional workshops to assess and plan for potential disasters. The United Nations participates in the meetings to plan and

formulate policies and actions and to select issues to be resolved through United Nations assistance.

C. The institutional framework for a coordinated United Nations response: the United Nations Disaster Management Team and the United Nations Disaster Management Technical Working Group

8. Both the United Nations Management Team and the United Nations Disaster Management Technical Working Group are chaired by the representative of the World Food Programme (WFP) in Mozambique. The Disaster Management Team consists of heads of all agencies and is the decision-making body for the inter-agency emergency response. In the event of an emergency, the representative of WFP convenes the Team and emergency working groups are activated for planning appropriate response measures.

9. At the technical level, disaster management issues are handled within the framework of the Disaster Management Technical Working Group, which consists of the emergency focal point persons or coordinators from the United Nations agencies who meet to discuss emergency-related issues at a technical level and monitor the humanitarian situation in the country. The Working Group is responsible for updating the Inter-Agency Emergency Preparedness and Response Plan.

D. Disaster Management Partners Group

10. The Disaster Management Partners Group is the non-decision-making, information-sharing forum convened and co-chaired by the United Nations Resident Coordinator and the Minister for Foreign Affairs and Cooperation. The forum consists of the National Disaster Management Institute, government partners, United Nations heads of working groups and agency focal points, non-governmental organizations involved in disaster management, the International Committee of the Red Cross (ICRC) and donor partners with related responsibilities.

11. The Group is a useful means of information sharing for all partners (United Nations agencies, Governments, non-governmental organizations, ICRC and donors). In addition, it is the appropriate forum for distribution of emergency "products" (monitoring and assessment reports, forecasts, maps, inventories, working group information and contacts). The Group meets on an ad hoc basis, as needed.

II. Two consecutive years of drought following two consecutive years of floods

A. The 2002 drought

12. The 2002 drought-affected areas coincided with the ones severely affected by floods in 2000 and 2001. The worst affected areas were those that had experienced the cumulative effect of three, and some even four, consecutive crop losses as a result of the floods in the Limpopo Valley in 1999, in the southern and central regions in 2000 and 2001 and the drought in 2002.

13. In April/May 2002 the FAO/WFP crop and food supply assessment estimated the number of people in need of food aid to be 515,000 in 43 districts. On September 2002, the vulnerability assessment conducted by the Ministry of Agriculture and Rural Development, WFP and the Famine Early Warning Systems Network (FEWS-NET) estimated the number of people in need of food to be 587,000, a 13 per cent increase in the number of needy people identified by the FAO/WFP in their assessment.

14. When the impact of the drought became evident, the Government activated its contingency plan, releasing $500,000 to mitigate the immediate effects of the drought. The objective was to initiate interventions to mitigate the food insecurity, using a multisectoral approach in the fields of agriculture, health, nutrition, education, special protection and water and sanitation, including the specific impact of the HIV/AIDS pandemic in the food-insecure regions and of food insecurity on people living with HIV/AIDS. Some of the items under the contingency plan 2002 to address a floods scenario were reallocated towards a response to the drought.

15. As the drought-affected population in need of food aid in Mozambique only constituted 3 per cent of the population, the Government decided that the dimension of the crisis did not justify the declaration of disaster at that point. While not declaring a national disaster and formally launching a national emergency appeal, the Government joined the regional response strategy to the humanitarian crisis in Southern Africa. The United Nations Country Management Team highlighted a number of key objectives at the time of the launch of the regional appeal. These followed the Government's stated priority to implement interventions of a developmental nature aimed at reducing vulnerability.

16. To that end, an agriculture emergency rehabilitation programme was initiated in the drought-affected regions in Mozambique to enhance production and income generation capacity. Specific immediate programmes related to trade fairs, the dissemination of cassava and sweet potato cuttings, small-scale irrigation schemes and the rearing of small livestock were started.

17. Sites to monitor the weight for height of children under-five were established in the worst affected districts. The network of sites was extended to a total of 30 in the seven drought-affected provinces. Additional nutritional monitors were recruited to ensure effective follow-up. In the seven drought-affected provinces, nutrition efforts focused on strengthening support to therapeutic feeding centres for severely malnourished children.

18. In response to the immediate need for food assistance, WFP food distributions aimed to meet the needs of 440,000 people in 38 districts through food-for-work, and targeting vulnerable group feeding activities. By December 2002, the Government of Mozambique and 35 non-governmental organizations in partnership with WFP were supplying food to a total of 250,000 beneficiaries.

19. The United Nations Children's Fund (UNICEF) worked with the Ministry of Public Works to design an overall strategy to further mitigate the impact of the drought through the strategic establishment and/or rehabilitation of water points and latrines, especially in primary schools and health units of the most affected districts. Malaria prevention activities included the promotion and use of insecticide-treated nets and community-level participatory training on prevention techniques in 12 affected districts.

20. Interventions in the education sector focused on avoiding school absenteeism because of food insecurity. UNICEF supported the Government in monitoring the attendance of children and teachers in the drought-affected areas. Preventive measures were taken to avoid reduced enrolment for the new school year starting in January 2003, through the provision of school and learning materials as well as meals at school.

21. Activities within the UNICEF programme of cooperation to support the expanded programme on immunization (EPI), including epidemiological surveillance, the installation of cold chain equipment and training and micro-planning for outreach were amended to prioritize the affected areas.

22. At the end of 2002, it became evident that a complex mix of economic, environmental, health and socio-political factors was driving the humanitarian crisis in Southern Africa. Food insecurity and poverty were clearly fuelling the HIV epidemic, with hunger driving people to increasingly high-risk behaviour and, at the same time, lowering resistance to infection and contributing to the earlier onset of AIDS.

23. This dramatic situation led the international community to acknowledge the need for a different kind of approach to save people's lives and their livelihoods before communities and households were entirely destroyed. There was an apparent need for immediate action on several levels to address emergency needs related to the current crisis, while simultaneously initiating actions to address the long-term needs in the region, tackling both policy and operations issues.

24. The vulnerability assessment, carried out in November and December 2002, comprised two parallel surveys. The first collected information related to the food security situation (by the Ministry of Agriculture and Rural Development, the National Institute for Disaster Management, WFP, FAO, the US Agency for International Development-FEWS-NET, while the second examined the multisectoral aspects of the humanitarian situation (in consultation with the Ministries of Health, Public Works and Housing, Education, and Women Affairs and Coordination of Social Action, the National Disaster Management Institute and the National Statistics Institute, with technical and financial support from UNICEF).

B. The 2003 drought

25. In July 2003, the Vulnerability Assessment Committee published the results of the food security and nutrition assessment conducted during May and June 2003 among 5,162 households in 29 "hot spots" districts in the six provinces most affected by the drought and HIV seroprevalence (Maputo, Gaza, Inhambane, Sofala, Manica and Tete). Food insecurity analysis of the data collected identified 659,000 people who were extremely insecure and needing emergency food assistance through to the next harvest and an additional 256,000 people who, while their food security condition could not be considered extreme at the time of the assessment, were considered to be "at risk" during the lean season from October to March 2004. At that point, the affected population in need of food aid in Mozambique constituted 4 per cent of the population.

26. In terms of vulnerability analysis, further review conducted by UNICEF on the data provided by the Vulnerability Assessment Committee revealed that over

900,000 people in the affected areas were living in extremely vulnerable households (those headed by children or elderly; households with a chronically sick adult, or at least one orphan under 15 years, or with an acutely malnourished child or woman; and households in which a child had died in the preceding three months). The provinces with the highest numbers of extremely vulnerable households were Maputo, Gaza and Tete. The analysis of the data also highlighted the particular vulnerability of specific groups such as orphaned children or children made vulnerable by HIV/AIDS who were found to have less family care, less access to basic services, including health services, and a reduced breastfeeding period in the case of maternal orphans.

27. Following the second year of drought in 2003, the Government of Mozambique renewed its participation in the Regional Response Strategy to the Humanitarian Crisis in Southern Africa. The Inter-Agency Consolidated Appeal issued by the United Nations in July 2003 presented a response centred on the call for action from the United Nations Special Envoy for Humanitarian Needs in Southern Africa that addresses the emergency needs while simultaneously initiating immediate actions to address long-term needs in the region.

28. As a result, the stated objective of the Mozambique Country Team was to work towards the dual goal of: (a) alleviating the emergency needs resulting from the combined impact of food insecurity and HIV/AIDS and (b) reducing the chronic vulnerability and improving the resilience of communities facing food insecurity, HIV/AIDS and other shocks.

C. The United Nations response

29. Throughout 2003, the United Nations responded to the Government requests for assistance in the following sectors set out below.

1. Agriculture

30. Access to agricultural inputs was provided to the most vulnerable populations by FAO. By the end of 2003, 101 input trade fairs were taking place in the provinces of Maputo, Gaza, Inhambane, Manica, Tete and Sofala, benefiting 42,430 households.

31. As for livestock activities, 55,000 chickens were distributed in the provinces of Maputo, Gaza, Inhambane, Tete, Manica and Zambezia, benefiting 13,756 households. One million poultry were vaccinated against Newcastle Disease and a poultry-breeding unit was created at the Veterinary Faculty of Eduardo Mondlane University, using funds outside the framework of the Inter-Agency Consolidated Appeal. One hundred thousand cattle were vaccinated against Foot and Mouth Disease, Rift Valley Fever, Lumpy Skin Disease, Anthrax and Black Leg. Ten thousand dogs were vaccinated against rabies.

32. Twenty refrigerators and drugs were distributed to the Provincial Directorates of Agriculture, and the Veterinary Laboratory in Xai-Xai was rehabilitated. These activities have been completed, partly with funds from the 2003/2004 Inter-Agency Consolidated Appeal and partly with funds from previously funded emergency projects.

33. Agriculture-based food-for-work activities, in line with the Ministry of Agriculture's drought mitigation action plan, such as the dissemination of drought-resistant cassava and sweet potato cuttings, are now being implemented in nearly every drought-affected district. Once harvested, the cassava roots and stalks and sweet potatoes vines are replanted, thus multiplying the initial plant cuttings, to the benefit of thousands of people.

2. Capacity-building

34. In 2003, a senior adviser deployed by the United Nations Development Programme (UNDP) supported capacity-building efforts within the National Institute for Disaster Management, focusing on providing training to personnel of the Institute at the central and decentralized levels. Training was given in various areas ranging from sensitization, disaster management, information flow, leadership and general management.

3. Coordination

35. While national efforts form the backbone of the response, the experience of the past year has demonstrated the added value of having a United Nations Emergency Unit supporting disaster management mechanisms for a coordinated response. In 2003, the Office for the Coordination of Humanitarian Affairs funded the United Nations Emergency Unit, which, under the aegis of the Office of the Resident Coordinator, greatly contributed to the harmonization of efforts and the effective utilization of resources available within the United Nations system in support of national assistance activities. The Emergency Unit was instrumental in supporting strategic planning within the framework of the Consolidated Appeal Process and facilitating a contingency planning exercise within the Disaster Management Technical Working Group. In 2003, the Emergency Unit expanded the coverage of the "Who Does What Where" database, the objective of which is to provide access to baseline information on emergency assistance, recovery and development projects implemented across the country. The information is useful for the Government of Mozambique in coordinating the work of humanitarian and relief agencies, as well as for humanitarian agencies in identifying partner agencies working in complimentary geographic areas and sectors, and for donors in facilitating monitoring and identifying gaps in assistance. Coordination of interventions is of paramount importance to ensure the most effective and complimentary use of available resources.

4. Education and child protection

36. In 2003, selected schools monitored teacher and pupil attendance and dropout rates in the worst affected areas. School attendance and dropouts serve as an early warning system with regard to the humanitarian situation faced by the community — very often children are requested by their families to fill important support roles in the search for food and water owing to the inability of adults to carry out these functions.

37. Phase 1 of training in the prevention of sexual exploitation and abuse in the context of emergencies was completed, targeting 750 workers involved in the humanitarian response (United Nations agencies, NGOs, government employees).

38. Although no funding was received in the framework of the Inter-Agency Consolidated Appeals for Southern Africa to address the issue of protection of children orphaned or made vulnerable by HIV/AIDS, regular programme funds were used by UNICEF to support NGOs in five provinces to build the capacity of families and communities to take care of these children, primarily in areas affected by the humanitarian crisis. The first national seminar on children orphaned and made vulnerable by HIV/AIDS was also organized. In collaboration with numerous Governments, the United Nations and NGO partners, the seminar made it possible to advocate for the rights of these children. It was agreed that families and communities who take care of these children need to be much more actively and urgently supported by the Government and other organizations, and that a legal framework needs to be put in place to ensure that these children have access to all basic services.

5. Food supplies

39. An average of 500,000 people, that is, 75 per cent of the 659,000 people identified as extremely vulnerable in the vulnerability assessment, received emergency food assistance through WFP food-for-work, targeted vulnerable group feeding, supplementary feeding and school feeding activities. Food-for-work activities, aimed at mitigating the effects of the drought and reinforcing the livelihoods of the affected populations, made up more than 80 per cent of the emergency activities. By the end of 2003, school feeding activities were taking place in nearly 400 primary schools in Gaza, Inhambane, Sofala and Manica provinces, reaching some 113,000 children.

6. Health and nutrition

40. The integrated UNICEF/WFP supplementary feeding programme provided: daily corn-soy blend supplements rations for children under five and for pregnant and lactating women; de-worming treatment and vitamin A supplements; detection of severely malnourished children; and also nutrition and hygiene education for caregivers. The programme reached 139,000 children under five and 73,000 pregnant and lactating women in 19 districts of six provinces identified as among the most food insecure.

41. Other activities being carried out included the training of health staff from therapeutic feeding centres in the management of severe malnutrition and nutrition training for people living with HIV/AIDS (especially children). These activities aimed at addressing the immediate problems arising from the humanitarian crisis as well as developing technical capacities within the health sector, in particular at district level, for sustainability purposes.

42. In terms of disease management, the support given to the Ministry of Health focused on reducing the vulnerability of populations facing both high levels of HIV/AIDS seroprevalence and drought-related health conditions. Activities included the control of diarrhoeal diseases and malaria, HIV/AIDS prevention activities and a home-based care programme in Gaza province (one among the most HIV/AIDS-affected areas). In November 2003, UNICEF provided support to the Ministry of Health and the National Institute of Statistics to disseminate the findings of the latest HIV/AIDS prevalence survey. WHO supported the Ministry in assessing the capacity of the health systems in 15 districts to respond to the humanitarian crisis.

The manual on nutrition interventions during emergencies was updated, 40 nutrition technicians and surveillance officers at the provincial level were trained in nutrition interventions during emergencies and health personnel in Sofala Province were trained in vulnerability assessment. UNDP also provided support to the Ministry of Health to build the capacity of its staff in the administration of the anti-retroviral drugs, mainly in the most affected areas, and to the National Aids Council to strengthen its presence and effectiveness at the provincial level, with special emphasis on the most affected regions.

43. Following a cholera outbreak in December 2003 that affected the provinces of Gaza, Nampula, Sofala and Zambezia and Maputo, including Maputo city, WHO conducted an assessment of the response to cholera in four provinces and facilitated the development of six community education, and water and sanitation projects for prevention of waterborne diseases.

44. Financial support to strengthen the cholera treatment centres with additional staff was made available by WHO through funds carried over from other cholera prevention activities and by UNICEF with funds from the Inter-Agency Consolidated Appeal 2003/2004.

45. Financial and technical support was also given for the organization of prevention campaigns in the neighbourhoods of the capital, the provision of materials on prevention, supplies for water, sanitation and hygiene and the delivery of this material to the provinces.

7. Water, sanitation and hygiene promotion

46. The latest vulnerability assessment found high rates of diarrhoeal diseases in the surveyed districts, resulting from decreasing access to potable water in the drought-affected areas and continuing poor hygiene practices. This highlights the increasing vulnerability of the population of these high-prevalence HIV/AIDS areas to opportunistic diseases. With resources available from both the previous and current appeal, 64 new water points were installed in eight affected districts in the provinces of Manica, Sofala and Tete. This activity contributed to increase the access to safe water for over 32,000 people in 64 communities. Training of community maintenance committees, to ensure the sustainability of these interventions, and community hygiene education sessions were carried out in these areas.

III. The HIV/AIDS pandemic

A. Overall impact of the pandemic

47. The implications of a food security crisis taking place in areas with the highest rates of HIV/AIDS and poverty have been a serious concern of the United Nations and the humanitarian community.

48. Mozambique has the tenth highest HIV prevalence rate in the world. According to the report released by the Ministry of Health and the National Institute of Statistics in 2003, 13.6 per cent of the adult population (15 to 49 years of age) was HIV positive in 2002 — 14.8 per cent in the south; 16.7 per cent in the centre and 8.4 per cent in the north.

49. Although the HIV prevalence rate is much lower than other countries in the subregion, neighbouring countries constitute a serious threat to Mozambique; the epidemic is particularly severe along the development corridors in the central and southern regions of the country.

50. The high prevalence of HIV/AIDS in the drought-affected and food-insecure districts has led to increased vulnerability of families, and the overall production capacity in these areas is at risk. In some of the drought-affected districts the seroprevalence is as high as 16.4 per cent (Gaza Province).

51. According to the Ministry of Health, an estimated 1.4 million Mozambicans of all ages were living with HIV/AIDS in 2002, of whom approximately 6 per cent were children (0-14 years of age) infected primarily through mother-to-child transmission of HIV. It is estimated that more than 500 people became infected with HIV each day in Mozambique during 2002, the majority youth under 29 years of age. Nearly 57 per cent of the Mozambican adults living with HIV/AIDS are women. The gender disparity is even more striking within the age 20 to 24 year-old age group, where women living with HIV outnumber men by four to one. More than 80,000 people are believed to have died of AIDS in 2002. In that same year, an estimated 300,000 children under 15 years of age lost their mothers, or both parents, due to AIDS. More than 370,000 children are estimated to have lost their mothers or both parents due to AIDS in 2003.

52. The need to address vulnerability in a much broader perspective in the assessments, analysis and response has been paramount throughout 2003. United Nations agencies supported the Vulnerability Assessment Committee in strengthening the assessment methodology and analysis, including multisectoral dimensions with a focus on HIV/AIDS.

53. In 2003, efforts to expand access to the services of the Voluntary Testing Centre succeeded in tripling the number of sites in urban and peri-urban areas, bringing the number of people using the services to 71,819, a 50 per cent increase compared to 2002. Despite the progress made, stigma and discrimination against people living with HIV/AIDS and their families hinder prevention, care and treatment efforts.

54. Recognizing the devastating impact of HIV/AIDS on the social and economic development of the country and the challenges posed by the continued marginalization of women and girls from all development sectors, the United Nations Country Team identified (a) response to HIV/AIDS and (b) support to gender equity, with emphasis on girls' education, as the two main thrusts for the development assistance efforts of the United Nations as part of the United Nations Development Assistance Framework for the period 2002-2006. Consequently, United Nations agencies pledged to allocate at least 25 per cent of their anticipated core and non-core resources to combat HIV/AIDS during 2002-2006, which, if fully funded, could translate into approximately $20 million a year to support the implementation of the National Strategic Plan on HIV/AIDS. A United Nations Integrated Framework on HIV/AIDS was developed through the United Nations Theme Group on HIV/AIDS to operationalize the strategies outlined in the Framework. The Framework addresses: HIV prevention, with a focus on youth; care and treatment, including care of affected children and families; and the creation of an enabling environment for a multisectoral response through leadership, policy planning and monitoring.

B. Women, girls and HIV/AIDS

55. As part of the preparatory work of the Secretary-General's Task Force on Women, Girls and HIV/AIDS, the United Nations Theme Group on HIV/AIDS carried out a mapping exercise of the United Nations response in this area. Recommendations were made during the annual review of the integrated work plan to ensure that the 2004 United Nations integrated work plan on HIV/AIDS clearly articulates the Organization's support for the six key issues covered in the framework guiding the Task Force: (a) prevention of HIV infection among women and girls; (b) violence against women and girls; (c) property and inheritance rights of women and girls; (d) the role of women and girls in caring for those infected and affected by HIV/AIDS; (e) access to HIV/AIDS care and treatment for women and girls.

56. In addition, the United Nations is supporting the revision of the National Plan for the Reduction of Absolute Poverty and the poverty reduction strategy paper with a view to mainstreaming HIV/AIDS, gender and disaster prevention, preparedness and management in all sectors and to addressing their interface with the humanitarian response to mitigate the current food crisis and other natural disasters.

IV. Food insecurity and HIV/AIDS

57. In 2002, United Nations agencies in Mozambique developed a document entitled "Food security vulnerability: a summary of the multisectoral process in Mozambique".

58. From the beginning of the crisis, the United Nations Country Team had acknowledged the need to develop a multiple and integrated approach to dealing with it. Food security, HIV/AIDS and poverty were recognized dimensions and underlying factors of the crisis. Therefore, poverty reduction and HIV/AIDS prevention and mitigation strategies and related actions were strategically combined with all other efforts. The United Nations has been advocating for the fight against AIDS and disaster prevention and management as two cross-cutting concerns of the National Plan for the Reduction of Absolute Poverty.

59. In order to measure the extent to which the drought and HIV/AIDS have affected the population, the United Nations worked with Government counterparts to develop multisectoral assessments. While the first round of assessments, in June and July 2002, did not include specific indicators relating to HIV/AIDS, demographic information on household dependency ratios and the number of child and elderly-headed households were included. The second round of assessments in November and December 2002 was based on a revised questionnaire and included additional proxy indicators such as the number of households with a chronically sick adult. These efforts continued throughout 2003.

60. The specific immediate actions taken in 2002 and 2003 by the United Nations Country Team in Mozambique to address the combined effects of HIV/AIDS and food insecurity through a multisectoral response included:

(a) **Advocacy and communication**: the United Nations system played, and is playing, a leading role to increase awareness of the Government of Mozambique and other partners of the impact of the combined crisis of food security and

HIV/AIDS and to bring about a sense of urgency. The United Nations Theme Group on HIV/AIDS assisted the National AIDS Council of Mozambique and other partners in the development of a comprehensive strategy for communication and advocacy in support of the national strategic plan. This strategy focuses on strengthening the capacity of communities to make informed choices. Simultaneously, UNDP and the United Nations Educational, Scientific and Cultural Organization (UNESCO) used a media project to provide journalists with the requisite tools, methodologies and understanding of the underlying concepts. UNDP is also supporting communication efforts of the National Institute for Disaster Management in disaster prevention and management, especially at the community level. In addition, the information officers of the various United Nations agencies supported the communication and awareness-raising efforts of their respective agencies, the United Nations Disaster Management Team and the Emergency Unit;

(b) **Coordination mechanisms**: collaboration between the United Nations Theme Group on HIV/AIDS, the United Nations Disaster Management Team and the United Nations Food Security Theme Group intensified. UNDP, which is presently building the capacity of the Government, is also encouraging closer collaboration between the national entities responsible for coordinating humanitarian response and the multisectoral response to HIV/AIDS and their partners — the National Disaster Management Institute and the National AIDS Council — at the central, decentralized and community levels. The ongoing revision of the National Plan for the Reduction of Absolute Poverty is also meant to support a more harmonious intersectoral coordination. The Emergency Unit, under the Resident Coordinator, is supporting coordination efforts with Government, bilaterals and NGOs;

(c) **Monitoring of national response**: United Nations agencies have been strengthening the system to monitor the national response (finalization of the monitoring and evaluation framework). The United Nations-initiated revision of the National Plan for the Reduction of Absolute Poverty is also meant to insert the MDGs in the Plan in order to facilitate their monitoring and evaluation (UNDP). Monitoring and evaluation is simultaneously addressed through the "Poverty Observatory", put in place through a joint effort of the Government and the United Nations (UNDP). In addition, the United Nations Country Team has ensured that HIV/AIDS indicators are included in assessments of the humanitarian situation measurement tools and methodologies (Regional Vulnerability Assessment Committee, UNICEF, WFP, FAO, the World Health Organization (WHO) and the secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS)). UNICEF assisted the Government in establishing nutrition sentinel surveillance sites in the worst affected areas, as well as capacity-building programmes for the National Institute of Statistics to collect, analyse and collate data relating to the well-being of people in Mozambique;

(d) **Capacity-building of national institutions**: the United Nations system is making serious efforts to build national capacity in the country, where human resources are a major constraint. Of particular importance is the strengthening of the capacity of the secretariat of the National AIDS Council at the central and provincial levels, as well as key ministries to respond to both the health and the socio-economic impact of the combined crisis (UNDP). In addition, the Ministry of Health is receiving special training in biosafety as well as in the management, control and administration of anti-retroviral drugs. Particular attention is paid to the needs of

institutions working in disaster-prone and high-prevalence areas of the country (UNDP). Simultaneously, capacity-building in disaster prevention, preparedness and management has been pursued at central and decentralized levels (UNDP). Mozambique faces a serious scarcity of qualified human resources. The expansion of the existing United Nations Volunteer programme is contemplated to accelerate the fight against poverty and AIDS and the achievement of the MDGs at central provincial, district and community levels. This will be done while respecting the Government's request for a realistic exit strategy (UNDP);

(e) **Prevention of HIV**: while the prevention of HIV is an ongoing focus of the United Nations work in Mozambique, specific efforts were made to focus on prevention activities in the areas most affected by the current humanitarian situation (UNDP, the United Nations Population Fund (UNFPA), UNICEF and UNESCO). UNFPA and UNICEF are major partners of the Ministry of Health in ensuring an increased access of adolescents and youth to reproductive health services;

(f) **Other prevention activities**: United Nations agencies promoted responsible sexual behaviour among the general public through: a multimedia communication approach and workplace programmes; promotion of increased access to, and utilization of, services for the treatment of sexually transmitted diseases; and improvement of biosafety in health-care settings through the development of guidelines and the provision of equipment, supplies and training (UNDP supported the training of 86 physicians and paramedical staff, including 18 trainers, on the application of the universal norms of blood safety). UNFPA provided more than five million condoms to the Ministry of Health in 2003, while UNDP supported the Ministry of Health with the production and dissemination of 316,000 educational materials on HIV/AIDS. In collaboration with UNESCO, UNDP continued to strengthen the capacity of media to respond to HIV/AIDS. In this respect, during 2003, 25 of the training courses organized for journalists included sessions on HIV/AIDS and monthly bulletins have been published to provide the media with state-of-the-art information on HIV/AIDS;

(g) **Support to people living with HIV/AIDS**: the United Nations system provided institutional and technical support to the National Network of People Living with HIV/AIDS Associations in Mozambique through UNAIDS. In addition, technical support was provided to the Ministry of Health to produce nutritional guidelines for people living with HIV/AIDS (UNICEF). Training courses on the Ministry of Health's guidelines on nutrition for people living with HIV/AIDS was held for health workers and members from the relevant associations. The content of food rations distributed was adjusted to the needs of seropositive people (WFP);

(h) **Assistance to orphans and other children made vulnerable by AIDS**: the United Nations provided assistance to civil society organizations, including associations of people living with HIV/AIDS, that have developed a community monitoring system to identify, register and support children made vulnerable by HIV/AIDS, especially orphans, to whom they provide counselling and home-based care (UNICEF/WFP);

(i) **Prevention of sexual exploitation and abuse**: in order to prevent increased HIV transmission as a result of increasingly risky behaviours or increased sexual exploitation and abuse of vulnerable women and children, an awareness-raising campaign on the issues of sexual exploitation and abuse was initiated with the Government, the United Nations, NGOs and community representatives in the

areas affected by the humanitarian crisis. Through the Foundation for Community Development, training in HIV/AIDS prevention, targeting 800 people, including United Nations staff, NGO partners, Government authorities and private sector partners, such as truck drivers contracted to deliver food aid, was carried out in the seven drought-affected provinces (UNICEF, WFP, Save the Children-UK, World Vision);

(j) **Health care**: technical assistance posts were placed in the provincial health departments to support the planning and development of health activities, to provide training and supervision of health staff at the provincial and district level and to strengthen epidemiological and nutritional surveillance, preparedness and response activities (UNICEF, WHO). District-wide measles immunization was supported after a measles outbreak in Manica and Tete provinces, which are among those affected by the humanitarian situation (UNICEF). For the first time, the Ministry of Health extended its target age group for measles immunization to comply with WHO recommendations (lowest age is, however, still 9 months). In support of malaria control, UNICEF worked with NGO partners in Gaza province, to carry out a net retreatment campaign. The provision of insecticide-treated nets to vulnerable districts was increased. This activity was accompanied by participatory education at the community level on the prevention, recognition and treatment of malaria. UNDP supported the nationwide efforts of the Ministry of Health to build capacity of its personnel in the administration of anti-retroviral drugs;

(k) **Reducing the impact of HIV/AIDS on agricultural production**: FAO supported the Government in introducing alternative (labour-saving) farming techniques and improved seeds that require less labour for weeding. WFP supported the Government's action plan for drought-affected areas through food for work. This was complemented through increased access to potable water (UNICEF) and efforts to eliminate gender-based differences in access to land, credit, employment, education and information (FAO, UNDP, UNFPA, UNICEF);

(l) **Reducing the impact of natural disasters on agricultural production**: a task force was set up to address the root causes of the drought (FAO, UNDP). Simultaneously, the United Nations system has initiated the formulation of a rural development strategy to address at various levels and in a long-term perspective the recurrent causes of food insecurity (FAO, UNDP, the International Fund for Agricultural Development (IFAD) and the World Bank). The United Nations assisted in gathering, analysing and distributing early warning information on food security. FAO developed small-scale irrigation systems in drought-affected areas and training local manufacturers to produce treadle pumps for small-scale irrigation schemes. It also promoted seed fairs, distributing indigenous poultry and supported household food security programmes in drought-affected zones (FAO). In addition, the United Nations is assisting the Ministry of Industry and Trade to alleviate the in-country constraints and facilitate the transportation of food from food-surplus areas to food-deficit ones (FAO), while encouraging, to the extent funding permits, the purchase of food aid in Mozambique (WFP);

(m) **Education**: financial support was provided to the Ministry of Education to establish sentinel surveillance of attendance and dropout rates in schools in both affected and non-affected areas. In the areas most affected by the drought, learning and teaching kits were distributed and training of teachers was conducted (UNICEF);

(n) **Partnership and mobilization of civil society**: as part of its 2003 work plan, the United Nations strengthened coordination of the multisectoral response and partnerships with civil society organizations. The focus of United Nations joint support for 2003 was to mobilize and develop the capacity of people living with HIV/AIDS, associations and faith-based organizations (all United Nations agencies, UNAIDS secretariat). In this respect, the World Bank allocated, for a period of five years, a $30 million grant to support civil society initiatives on HIV/AIDS, including $5 million to develop civil society institutional and technical capacity. Furthermore, United Nations Volunteers were placed in each provincial HIV/AIDS coordination unit with a view to strengthening their capacity to work with civil society organizations involved in the fight against HIV/AIDS (UNDP). Simultaneously, the United Nations system redoubled efforts within its ongoing programmes, including in its poverty reduction initiatives, to reduce vulnerability and strengthen coping capacities of communities through multisectoral action (all agencies). Support was given to train teachers for the new curriculum, which includes HIV/AIDS;

(o) **Resource mobilization**: there were many positive developments with regard to resource mobilization for HIV/AIDS in 2003. Anticipated funds for AIDS include $109 million for five years through the Global Fund; a $55 million grant through the World Bank, including $25 million to support civil society initiatives on HIV/AIDS; an approximately $50 million grant through the Clinton Foundation to scale-up the provision of anti-retroviral treatments, $900,000 from USAID to address HIV/AIDS in the workplace, and a potential contribution (undetermined amount) through the Bush Initiative on AIDS. These new funds, combined with those of the United Nations ($15-$20 million a year) and bilateral funds present a unique opportunity for the country to rapidly expand the national response, though the lack of adequate human, technical and institutional capacities will continue to pose major challenges. United Nations Volunteers and others are being used by most donors to compensate the lack of human resources. The Government is adamant, however, that sustainable mechanisms are to be put in place in order to facilitate a short-term realistic exit strategy. Resource mobilization in disaster prevention and management is ongoing. It is two-prong: emergency for immediate response to the effects of cyclones, floods and drought; and assistance for long-term disaster prevention and management activities;

(p) **Mainstreaming**: the United Nations is supporting the revision of the National Plan for the Reduction of Absolute Poverty, with a view of mainstreaming HIV/AIDS, gender, disaster prevention/preparedness and management and ICT for development in all sectors, in order to mitigate the current crisis and other natural disasters;

(q) **Inter-country collaboration**: the United Nations Country Team works regionally, specifically in dealing with the humanitarian situation, and in responding to the HIV/AIDS epidemic in general. This is done through the Resident Coordinator, and also at the level of the individual agencies, or between agencies and regional mechanisms (e.g. the Southern African Development Community (SADC), the United Nations Regional Inter-Agency Coordination Support Office for the Special Envoy for Humanitarian Needs in Southern Africa, and the Southern African Humanitarian Information Management System, etc.). The database and information system put in place in the United Nations Emergency Unit of the Office

for the Coordination of Humanitarian Affairs are active tools of this regional collaboration;

(r) **Institutional arrangements**: in 2002, the chair of the United Nations Theme Group on AIDS was UNDP and the Deputy Chair was UNICEF. In 2003, the chair of the United Nations Theme Group on AIDS was UNICEF and the Deputy Chair was WFP. In the same year, WFP was the Chair of the United Nations Disaster Management Technical Working Group and UNICEF the vice-chair, in order to recognize the leading role played by those two agencies in ensuring the most efficient multisectoral approach to the present crisis;

(s) **Addressing underlying causes of vulnerability**: overall, the United Nations system in Mozambique pursued efforts to reduce vulnerability and strengthen coping capacities through community-based multisectoral actions.

61. The United Nations Country Team in Mozambique recognized early on the need for mainstreaming of HIV/AIDS into programmes and activities, as is reflected in the United Nations Development Assistance Framework for 2002-2006. The Government of Mozambique is highly committed to the fight against HIV/AIDS and to a sustainable approach to disaster prevention and management. It has also recognized the importance of increased efforts to address the interrelated scourges of HIV/AIDS and food insecurity. From the dimensions of the current humanitarian crisis, particularly after a second year of drought in south and central Mozambique, it has become all the more apparent that accelerated and innovative approaches are necessary. Such innovations, some of which are already being implemented, need to be anchored in strong partnership with United Nations agencies, NGOs partners, the Government of Mozambique and civil society.

V. The Millennium Development Goals

62. The previous report on implementation of General Assembly resolution 57/104, "Assistance to Mozambique", included detailed information on the progress made towards achieving the Millennium Development Goals (A/57/97-E/2002/76). This information was based on the findings of the progress report for Mozambique, presented by President Chissano at the Carter Center, in Atlanta, in February 2002. Furthermore, the Government of Mozambique identified the need to have the MDGs and the relevant monitoring and evaluation mechanisms incorporated into its national development plans (including the National Plan for the Reduction of Absolute Poverty and the poverty reduction strategy paper).

63. Following a request from the Government of Mozambique to UNDP to provide assistance for the articulation of the MDGs in the National Plan to facilitate everyone's understanding and contribution towards the achievement of the goals, the United Nations Country Team in Mozambique has decided that the MDGs will be at the centre stage of all United Nations activities in 2004. The process, which will require the involvement of all United Nations agencies in Mozambique, will also focus on relevant monitoring and reporting mechanisms to assess progress made under the National Plan and towards the achievement of the MDGs.

64. The second progress report on the achievement of the MDGs for Mozambique will be issued in the fall of 2004 and will be a joint effort by the United Nations agencies and the Government of Mozambique. The aim of the progress report is to

create awareness of the MDGs and to stimulate a discussion on Government's priorities and measures needed to achieve the goals. The Economic Unit of UNDP will be the secretariat for the MDG campaign.

65. In 2004, the mid-term review of the United Nations Development Assistance Framework for Mozambique will also be carried out. This provides a good opportunity to articulate the UNDAF priorities and objectives with regard to the MDGs, facilitating the joint activities of United Nations agencies and the articulation of country programmes in this field. The review will also be used as a first step to reposition the United Nations in Mozambique, taking into account the shifting environment, including the new trend among many bilateral donors to move towards direct budget support.

VI. The way forward

A. The Government contingency plan for natural disasters for 2004

66. The national contingency plan for 2004 was launched on 11 December 2003. The plan contemplates three disaster scenarios. The drought scenario for 2004 contemplates 971,512 people at risk, representing a significant 34 per cent decrease compared to 2003 when 1,469,782 were identified at risk. The number of people at risk of cyclones is estimated at 1,353,770 (12 per cent increase compared to 2003). Finally, 847,684 people are estimated to be at risk of floods (no significant change compared to 2003 when 847,070 were identified as being at risk). The contingency plan has a budget of approximately $35 million, which comprises prepositioning of stocks, building of disaster preparedness and early warning capacity, disaster mitigation interventions, sensitization and coordination.

B. The United Nations Inter-Agency Emergency Preparedness and Response Plan for 2004

67. The United Nations Inter-Agency Emergency Preparedness and Response Plan for 2004 is intended to support the National Disaster Management Institute in the implementation of the national contingency plan. The Plan is based on the same disaster scenarios and figures provided in the Government's plan. Recognizing the heavy impact of HIV/AIDS and women's vulnerability to it, the United Nations seized the opportunity of the revision of the Plan to ensure that HIV/AIDS and gender considerations were taken into consideration. As such, the guidelines for HIV/AIDS interventions in emergency setting developed by the Inter-Agency Standing Committee were used as a reference document to update a matrix of activities to be implemented as part of preparedness and emergency response measures.

68. The United Nations Emergency Unit of the Office for the Coordination of Humanitarian Affairs will continue its support to the coordination efforts, database enhancement and information sharing. The Unit ensures that all partners generate and use information needed to respond effectively. It is part of the regional Southern African Humanitarian Information Management System.

69. The following mechanisms, which ensure a coordinated United Nations response to the emergency, namely the United Nations Disaster Management Team, the United Nations Disaster Management Technical Working Group and the Disaster Management Partners Group, will continue to meet regularly and ensure close liaison with other coordination mechanisms such as the United Nations Theme Group on AIDS, the Gender Technical Working Group and the newly established Vulnerability Technical Working Group.

C. The recommendations of the meeting of the Southern African Development Community

70. The Southern African Development Community (SADC) held a mid-season strategic assessment and disaster preparedness meeting in February 2004 in Maputo. In view of the poor performance of the rainfall in late 2003 and early 2004, the following recommendations were made and endorsed by the Government of Mozambique:

(a) **Refined assessments are required to better understand the levels of vulnerability**: coordinated multisectoral vulnerability assessments should be given top priority and carried out with urgency so that an efficient and effective response can be launched to assist affected communities. In order to reduce duplication and build consensus, these assessments must be carried out through existing national and regional structures;

(b) **Make use of second season and winter cropping**: Member States are urged to make use of the near-normal rains expected for the remainder of the season, as well as groundwater sources, for potential second-season crops, where possible;

(c) **Improve emergency response**: while Member States, the United Nations and other multilateral agencies have done commendable work in providing food assistance to Member States affected by last year's crop failure, there is need to solve outstanding challenges in targeting and addressing the impact of HIV/AIDS on food security;

(d) **Increased emphasis on disaster prevention, mitigation and preparedness**: Member States and cooperating partners are urged to allocate additional resources for capacity-building for the national response to disaster prevention, mitigation and preparedness;

(e) **Need to strengthen institutional capacities**: the meeting noted that disaster management institutions and vulnerability assessment committees have not been fully instituted at the SADC secretariat and in some Member States. The meeting recommended that the SADC secretariat and Member States strengthen their disaster management structures and functions. This entails strengthening institutions that are key in these areas, including human resources development;

(f) **Role of trade and markets**: formal and informal intraregional food trade should be promoted as the first resort to resolve expected food deficits.

VII. Recommendations

71. The United Nations Country Team in Mozambique fully shares the concerns and recommendations stemming from the SADC meeting. The Team should continue to implement the recommendations made in the report of the Special Envoy of the Secretary-General for Humanitarian Needs in Southern Africa in April 2003. In particular, the Team will take the opportunity of the mid-term review of the United Nations Development Assistance Framework to address the severe impact of HIV/AIDS on women, girls and orphaned children and, in particular, to include the notion of vulnerability.

72. Simultaneously, the excellent inter-agency collaboration existing at the central level should be reinforced and extended to the provincial, district and, more specifically, the community level, especially in the field of vulnerability reduction. This has also been identified as an entry point for joint programming. Strong partnerships with civil society, private sector, bilateral and multilateral donors must be expanded, while the capacity of national central and decentralized authorities must be strengthened.

73. Because of the exposure of Mozambique to a wide range of natural disasters, the preparation of a national plan for disaster management is crucial. The plan for disaster management should serve as a guiding instrument for all institutions involved in risk management. It should outline preparedness, prevention/mitigation and response activities to an emergency situation associated with natural/man-made disasters or technological occurrences in Mozambique. The National Institute for Disaster Management should go beyond the preparation of annual contingency plans and step up to the next level of initiating coordination action leading to the preparation of a national plan for disaster management.

Notes

[1] UNDP, *Human Development Report 2003* (United Nations publication, Sales No. 03.III.B.1).